## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:					
·			÷			
Total Fee Calculation						
	Fee Code	Total # Cluims	Number Extra X	Fee	Fcc =	Total
	Sm./Lg.			Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101				690.0: =	<u>690,000</u>
Total Claims >20	203/103	-20 =	x		-	
Independent Claims >3	202/102		<u>4</u> x		78.00	312.00
Mult. Dep Claim Present	204/104				260100 =	260,00
Surcharge	205/105	•			130.00 =	130,00
English Translation	139					
TOTAL FEE CALCULA	ATION					<u> 1392,</u> uz
Fees due upon filing t	he application:					
Total Filing Fees Due	= \$	1392.00				
Less Filing Fees Subm	nitted - \$	· .				
BALANCE DUE	= \$	392.00	<del></del>		·	
Office of Initial Patent	Examination					
FÖRM OIPE-RAM-01 (Re	v. 12/97)	Lig	ure 7			

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 91521915 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [ OR SMALL ENTITY **FOR** NUMBER FILED **NUMBER EXTRA** RATE FEE **RATE** FEE **BASIC FEE** 345.00 690.00 OR **TOTAL CLAIMS** minus 20= 19 X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 =X39 =X78= OR 31200 MULTIPLE DEPENDENT CLAIM PRESENT +130<sup>±</sup> +260= OR 260. si \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL 1262,00 **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT AMENDMENT** RATE TIONAL TIONAL AFTER **PREVIOUSLY** RATE **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X39 =X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-REMAINING ADDI-NUMBER PRESENT **PREVIOUSLY** AMENDMENT **AFTER** RATE TIONAL RATE **EXTRA TIONAL AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18=OR Independent Minus X39 =X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-REMAINING **NUMBER** ADDI-**PRESENT AMENDMENT AFTER PREVIOUSLY** RATE TIONAL **EXTRA RATE** TIONAL **AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus \_ X39 =X78= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +130= +260= OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR ADDIT. FEE ADDIT, FEE \*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**Application or Docket Number**